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ı, İ	PATI		ective D	ecember 8, 3		CORD	09/	894	+ 8/a	
		CLAIM	SMALI	SMALL ENTITY OTHER THAN						
	TOTAL CLAIMS			olumn 1)	(Column 2)			OR	SMALL ENTIT	
Ç.	FOR		NUI	MBER FILED	NUMBER EXTRA	- RATI		1 1	RATE	
	TOTAL CHARGEABLE CLAIMS		15	minus 20=	*			POP	BASIC FE	E
	INDEPENDENT CLAIMS			minus 3 =	*	X\$ 25		OR	X\$50=	_
	MULTIPLE DEPENDENT CLAIM P		M PRESEN	r		X100	=	OR	X200=	
ı	* If the differe	ence in column	is less the	less than zero, enter "0" in column 2		+180=		OR	+360=	
I						TOTAL	-	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)				n 2) (Column :	3) SMALI	ENTITY		OTHER	THAN
	Total Independent	REMAINING AFTER AMENDMEN	1	HIGHE NUMBE PREVIOU PAID FO	PRESENT	7	ADDI- TIONAL		RATE	ADDI- TIONA
	Total Independed	81	Minus	83	= 0	X\$ 25=	FEE	\	<\$50=	FEE
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<u> </u>	(Column 1) (Column 2) (C							ADD	IT. FEE	
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		(Column 1) CLAIMS		(Column 2)	(Column 3)	,		ADDIT	. FEE	
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	TO CHESE	NTATION OF MU	LTIPLE DEP	ENDENT CLAIR	M	X100=	OR.	X20	0=	All the section
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